



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

FA1114USNA

First Named Inventor

Harald Kloeckner Et. Al.

COMPLETE IF KNOWN

Application Number

10/716804

Filing Date

November 18, 2003

Art Unit

1762

Examiner Name

Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROCESS FOR REPAIRING COATINGS**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

11/18/2003

as United States Application Number or PCT International

Application Number

10/716,804

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>*23906*</b> <b>23906</b> PATENT TRADEMARK OFFICE</div>		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Harald			Kloeckner		
Inventor's Signature <i>Harald Kloeckner</i>			Date <i>12/04/2003</i>		
Residence: City		State		Country	
				Germany	
Mailing Address					
Lindlar		State		Zip	
City				Germany	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Guenter			Berschel		
Inventor's Signature <i>Guenter Berschel</i>			Date <i>12/04/2003</i>		
Residence: City		State		Country	
				Germany	
Mailing Address					
Koeln		State		Zip	
City				Germany	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 3 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
Name  
ChristianFamily Name  
or Surname  
WoessnerInventor's  
Signature

X Christian Woessner X

Date

12/04/2003 X

Residence: City

State

Country

Germany  
Citizenship

Mailing Address

Mailing Address

City Wermelskirchen

State

ZIP

Germany  
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
Name  
AndrewFamily Name  
or Surname  
DudaInventor's  
Signature

X Andrew Duda X

Date

12/07/2003 X

Residence: City

State

Country

Germany  
Citizenship

Mailing Address

Mailing Address

City Gladbeck

State

ZIP

Germany  
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
NameFamily Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

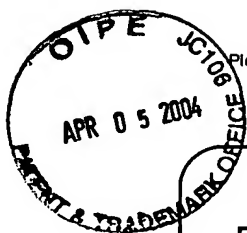
City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →



PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0951-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	November 18, 2003
First Named Inventor	Harald Kloeckner
Title	Process For Repairing Coatings
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FA1114 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

**\*23906\***

PATENT TRADEMARK OFFICE

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

Place Bar Code Label Here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Harald Kloeckner

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.



Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	November 18, 2003
First Named Inventor	Harald Kloeckner
Title	Process For Repairing Coatings
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FA1114 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

**\*23906\***

PATENT TRADEMARK OFFICE

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

Place Bar Code Label Here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Guenter Berschel

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.



Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	Unknown
	Filing Date	November 18, 2003
	First Named Inventor	Harald Kloeckner
	Title	Process For Repairing Coatings
	Group Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	FA1114 US NA

I hereby appoint:

☒ Practitioners at Customer Number 23906 → **\*23906\***  
PATENT TRADEMARK OFFICE

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number   → Place Bar Code Label Here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

SIGNATURE of Applicant or Assignee of Record	
Name	Christian Woessner
Signature	<i>Christian Woessner</i>
Date	12/04/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.



Please type a plus sign (+) inside this box



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	November 18, 2003
First Named Inventor	Harald Kloeckner
Title	Process For Repairing Coatings
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FA1114 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

**\*23906\***

PATENT TRADEMARK OFFICE

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

Place Bar Code Label Here

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Andrew Duda
Signature	X <i>Andrew Duda</i> X
Date	X <i>December 4, 2003</i> X

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.